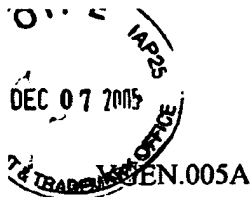United States Patent and Trademark Office
                    - Sales Receipt -

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Albert C. Ting et al.
Appl. No.	:	10/017,920
Filed	:	December 11, 2001
For	:	OPTIC CONFIGURATION FOR INTRAOCULAR LENS SYSTEM
Examiner	:	Paul B. Prebilic
Group Art Unit	:	3738

AMENDMENT AND RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed June 6, 2005, please amend the above-captioned patent application as follows.

Introductory Comments

Please amend the specification as follows.

Please amend Claim 26 as follows.

Please add new Claim 32.

Please amend the drawings as shown in the accompanying replacement sheets 20 and 46.

-1-

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number 10/017920

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)		SMALL ENTITY TYPE ☐		OTHER THAN OR SMALL ENTITY
TOTAL CLAIMS				RATE	FEE	RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA		BASIC FEE		OR BASIC FEE 740.00
TOTAL CHARGEABLE CLAIMS	minus 20=	*		X$ 9=		OR X$18=
INDEPENDENT CLAIMS	minus 3 =	*		X42=		OR X84=
MULTIPLE DEPENDENT CLAIM PRESENT		☐		+140=		OR +280=
				TOTAL		OR TOTAL

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
					RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total	19	Minus	** 20	=	X$ 9=		OR X$18=
Independent	3	Minus	*** 3	=	X42=		OR X84=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+140=		OR +280=
					TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE

AMENDMENT B   12-7-05

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total	20	Minus	** 20	=		X$ 9=		OR X$18=	
Independent	5	Minus	*** 3	= 2		X42=	200	OR X84=	400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐		+140=		OR +280=	
						TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
Total		Minus	**	=		X$ 9=		OR X$18=	
Independent		Minus	***	=		X42=		OR X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐		+140=		OR +280=	
						TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.